

PATIENT NUMBER

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| 3 KW<br>O.I.P.E.<br>SCANNED MS<br>G.A. AA | PATENT DATE |
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## APPLICANTS

**TITLE**

PTO-2040  
12/89

| <b>ISSUING CLASSIFICATION</b>       |  |  |  |                 |  |  |                           |  |  |  |  |  |  |  |  |
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| <b>ORIGINAL</b>                     |  |  |  |                 |  |  | <b>CROSS REFERENCE(S)</b> |  |  |  |  |  |  |  |  |
| <b>CLASS</b>                        |  |  |  | <b>SUBCLASS</b> |  |  | <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |  |  |  |  |  |  |  |
|                                     |  |  |  |                 |  |  |                           |  |  |  |  |  |  |  |  |
| <b>INTERNATIONAL CLASSIFICATION</b> |  |  |  |                 |  |  |                           |  |  |  |  |  |  |  |  |
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| <input checked="" type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|   | _____<br>(Primary Examiner) (Date)           |             | <b>ISSUE FEE</b>                  |              |
| Amount Due  |  |             | Date Paid                         |              |
| <input checked="" type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. <u>6,144,652</u> | _____<br>(Legal Instruments Examiner) (Date) |             | <b>ISSUE BATCH NUMBER</b>         |              |
|   |  |             |                                   |              |
| <input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed.   |  |             |                                   |              |

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